

# CHICAGO MEDICAL JOURNAL.

VOL. VI.]

FEBRUARY, 1863.

[No. 2.]

## ORIGINAL COMMUNICATIONS.

### VALEDICTORY ADDRESS

TO THE GRADUATING CLASS OF RUSH MEDICAL COLLEGE,  
SESSION 1862-3.

By Prof. R. L. REA, M. D.

GENTLEMEN GRADUATES:—By the generous courtesy of my colleagues, I have the honor, as well as the very great pleasure of offering you our congratulations and saying the parting words.

It is most natural that we, who have been instrumental in your present precedence, should feel complacent pride in this formal closing of your professional school days, and appropriate that we give you, in a word, the after-life lesson.

This is a meeting of mingled emotions. The feelings of pleasure and pain, rejoicings and regrets, come freely floating over us as we blend in our view the past and the present.

A longer or shorter span of years ago found you all with your minds made up for the study of medicine. Choices of a profession were decided by a diversity of motives. One of you thought he had a mind adapted, by its organization and culture as well as by its tastes, for benefitting the world in this way—and, in return, receiving a competency, and so fulfilling his mission. Another thought of the fame it would

bring, another the gain, another dreaded manual labor, and one had a great benevolent heart, whose every murmur was good to his fellow man, and took this way to do his duty. From these or some other, *all* of you found yourselves deciding on a preceptor and completing your arrangements for beginning your studies. Does it come back to *some* of you now how difficult it was to complete these arrangements—of the obstacles rising mountain high, soul-depressing and unapproachable?

To one there stood in the way a penurious father. You had no father; and you, an affectionate and dutiful son, had a dear old mother, and good, kind, dependent sisters, and none to help. Others more fortunate had none of these.

Then came the first discouraging days, when sphenoidal and ethmoidal terrors haunted the sleeping hours, and fleshless fingers met languid responses to their bony beckonings, and sulphur seemed created for a new terrestrial use. Often, when hours had been consumed in perfecting anatomical details, and it seemed as if every fact and idea were in place and ready for use, a question from your preceptor was sufficient to dissipate the whole; and after strange and fruitless search after the lost ideas on the bare walls, you were compelled to *review*. This was one of the times when you came near "giving up and coming down." Perhaps the next was more successful, and these dark days gave way and the genial and happy days of student life, by degrees, took their places.

Then, when the last thread was worn and the last dollar mateless, by a bold stroke of pecuniary strategy, you found yourself prepared to resume your studies—and so, by these interrupted, determined and unyielding efforts, you at last found yourself selecting a school for your attendance. Here have you come, and by incessant toil, hazzard of health and even life itself, you find yourselves pronounced worthy to assume the duties and receive a recompense for the toilsome and perilous labors so freely and liberally given to your chosen profession. That I do not exaggerate the risks attend-

ant is too deeply impressed upon your minds in one of your number's having paid the penalty for his assiduity with his young life.\* He had arrived at an age when the cares and anxiety of fond parents seemed about to cease in the glowing hopes of budding manhood; but escape was not given him from the dangers of his own devotion, and he now rests silent forever. Peace to the dear boy.

It is now and here at the end and consummation of your long deferred hopes, that we feel called as a Faculty to confer, and you as our honored pupils to receive, tokens of our confidence and fraternal regard. Truly it is a time for you to feel happy and receive the commendations and congratulations of your friends.

Your forty months of pilgrimage brings you to the mount where you see the tedious, turbulent trials of the past from which you have escaped, and view the promised land; and as you look back along the time through which you have buffeted the hard way, your heart flutters for *very anxiety*, lest the past undo itself. You feel cheered as you contrast this with the future. Dry, dusty subserviency to books and masters is to be exchanged for the duties, dignities and confidences of the new position. It does look beautiful and inspiring. It gives the world a *new glow*, *home* seems better, and happier to receive you as a physician, friends more cordial when welcoming you as Dr., and the many preferences in life are sure to follow. The promised land spreads beautifully its broad and velvety expanses, laid in liquid silver reflecting the azure, deceptively seeming the true way to the ethereal, dazzling and delighting your impatient spirit.

You are about to assume the full responsibilities of actual life. Hitherto you have acted a subordinate part. In starting in this great experiment, you cannot tell before hand *what* will happen to you. It may be *good*, it may be *evil*. I take the fact that you stand here this evening at the end of a long,

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\* Chas. S. West.

stern and perplexing course of study, most of you the honored instruments of your own success, as speaking much of hope for you. It gives me the *largest* confidence to see the first efforts of a man's life hedged about with thick set difficulties, and while he *occasionally gives up, never comes down*, until at last he breaks through them all, and every day gets richer in the world's experience and emoluments.

The great North-west is a fruitful field for observation, in this contest with circumstances. Here, as in other newly made countries, the boy must make his *own* battle with the world, and especially those pursuing the learned profession, or, in the father's language, playing gentleman. This is rendered easy in his eyes by the facility in getting funds in a very honorable way, viz: school teaching. How many of you have not taught? I venture three out of every four have. We have not arrived in our western civilization to that generally diffused competence to be found in older, more staid, and less enterprising communities. Here, if one of our yeomanry makes a success and wealth pours into his lap, he sits down and calculates the acres it will buy, and not the sons or daughters it will educate. What, spend a thousand dollars in collegizing one of my boys? That would furnish a feather bed, cow and freedom suit to the other fourteen.

This will undoubtedly change, as the revolving years smooth the hillocks and dry the morasses of our prairies, and replaces them with waving beauty and substantial prosperity. Our students will come to us more fully supplied with the comforts and luxuries of life, but it may be *not* with the necessities. Money in profusion is not one of the necessities. It is one of the DESTROYING ANGELS, and seldom leaves its door-posts bloodless. Rather let me say *poverty* is one of the essentials. Poverty is an element of strength, wealth of weakness. Poverty is a tonic, wealth an anodyne. One supports, the other paralyzes. I do not think I exaggerate, when I say the success of those born in affluence is the exception. There is something so enervating in having everything served to you. Every want



is supplied at the word ; the breath of asking is the price of anything. All mental effort or enterprise being ignored and abandoned, the individual degenerates mentally and morally, as certain as must the unused limb. Exercise strengthens, and we understand the philosophy of it ; and we know that he who is cradled, reared and disciplined by poverty, will present the bold, honest, manly independent original. The necessities of his situation develop these qualities. Make a young man poor, and the very effort of his inventive genius in striving to force himself against the current, will give more exercise, and more fully develop his mental power than anything beside. The goal is placed in the stream, the rich above and the poor below it. The favored float to it, and the lowly labor to it. The toiler has this advantage, though, that he is in *little* danger of *passing* it.

Don't understand me to mean, that all you have to do in life to *succeed*, is to be *poor*. If any of you are in the possession of any considerable of the world's wealth, you needn't go home and dispense it, with the idea of taking a fresh start in life with superior prospects of success. It is possible for one to be poor every way, to be a very indifferent fellow surrounded by all the blisters poverty brings.

The point aimed at in what I have said is, that other things being equal, the boy raised where honest necessity awoke him in the morning, and a frugal enterprise busied his hands during the day, and who slept the refreshing sleep of industry at night, bids fairer to become one of the world's cherished, than he whom pampering pride and luxurious prodigality too often fit for the fate they receive — *merited forgetfulness*.

There are students in our classes, who are worth their thousands, and yet my noble boy who paid your last greenback for the parchment you now hold, had I the power I wouldn't let you change places with *any of them*. Poverty is often frightfully unhandy and disagreeably inconvenient, but not where you are now. I have large sympathies, but I

don't pity you one particle. Had I the power, I wouldn't give you a penny. I would let you *make* the money to pay your first board bill, with the first prond triumph of your art. Several weeks' unpaid bills are great energizers. You are not likely to complain of having your rest broken, or speak anything but courteously to patients when calling for your services, if you need theirs.

Jean Paul says, in speaking of the penury of his father's early life: "I cannot but choose to say to Poverty, 'Be wel come, so thou come not too late in life.' Riches weigh more heavily upon talent than poverty. Under gold mountains and thrones lie buried many spiritual giants. When to the flame that the natural heat of youth kindles the oil of riches is added, little more than the ashes of the Phœnix remains, and only a Gœthe has had the forbearance not to singe his wings at the sun of fortune."

Soon the ties that have bound us so kindly and agreeably together, *will be severed*, and you find yourselves engaging in the real profession. It is an interesting and pleasing portion of your life. The culmination of your past hopes seem now about to be realized, and you to assume the role for which your studies fit you. Hope and distrust now begin to mingle. There are few in whom the *former* does not *predominate*, and yet when we consider the fearful burden implied in the very name Physician, there are few who do not feel the latter. I should feel but little confidence in a person who was all self-assurance, and stepped boldly and unabashed untrodden ground. There will be much that will be new, and much that will gratify. Your first successes will be models. The first dossil of lint that you carefully place in an aching cavity, followed by immediate relief, you will feel like shouldering your whiting bush and making all the fences S. T. 1860, X. oil of cloves and morphine.

You will be employed distrustingly by your first patrons, *perhaps from necessity*, and *then* will be your *time* for extra efforts. If these efforts *are* crowned with success, your tri-

umph will be the more perfect, and you will find a more secure place in their confidence and affections. Nothing is half so grateful as to be agreeably disappointed, and they will often make you amends for their distrust, in the most *lavish* expenditures of future friendship.

This leads me to say, never be discouraged by trifles. Now, were I to define trifles, I might surprise you in the extent to which this definition applies in this connexion. It means the lack of practice for a year or two in any grateful or flattering amount. None of you must imagine that there is any place with a practice ready for you, all collected to your hands, enough and to spare, and that being overrun with practice is to be one of your first burdens. The contrary is *much* more likely to be the case, the lack of it. It is to be confessed, however, that the experience of the graduates of our institution, your alma mater, furnish much grounds for flattering hopes. I say it here, and deliberately, that there is in my opinion no institution in our entire country, the graduates of which are so uniformly successful. They almost invariably succeed, and that from the moment of their locating. You may account for it, as you think; I account for it that they are the honorable sons of industry, self-made, self-reliant and noble. Much as this success flatters the vanity and sustains the pride and purse of its possessor, I cannot think it best calculated to develop your resources. Uniform success is almost as powerful a narcotic as wealth. It is apt to render you indolent and indifferent. In addition the usual leisure of the young practitioner gives time for the careful study of the acquired cases. You are much *less* liable to fall into routine where you form your habits of study and practice in this gradual manner. It is often a misfortune to be too successful in the beginning, though it is not appreciated at the time, and never objected to.

Another of the things that should not discourage you, is that of not being invariably successful in your treatment of cases. Don't infer from this, that the loss of a life or failure

to cure disease, are trifles in themselves, but they assume that character, when they, as natural consequences to be expected in an imperfect science, are *allowed* to deter you from your legitimate calling. The first patient you lose will come as a death knell to your heart, as well as ears, and should others speedily follow, the effect will be *startling* to your professional nerves, and the questions, haven't I missed my calling; isn't this an indication of my unfitness; haven't I mistaken the pill bags for the peg hammer, scalpel for the shears, the catline for the plough handles? will be disturbing thoughts in your quiet hours. The question is the answer. If you never *ask* the question. I will answer it now. I say yes if, you do ask it, I say no. Your sensitive conscientiousness is the best proof that the lives, healths and interests of your patients are well in your hands. It shows most clearly that you have a big professional heart, throbbing with the feelings of honor and humanity. Don't lay aside your mantle for causes of this kind. Many times your sympathies and anxieties will be brought up to the point of distraction, and the death of your patient will be little less than death to you. One, perhaps, of your earliest and firmest friends, between whom and yourself have grown interests the most sacred, ties the most tender, whose words are all kindness, whose deeds are all blessings, and as years pass the confidence grows until you next to God hold the supreme faith and when the grim monster grapples rudely and visibly at the tender heart strings you shudder and sicken, and I don't blame you. But *don't falter*. Do your duty faithfully, and abide the result.

Another discouraging and trying one of these harmless annoyances, is competition with quacks. There are few in the list more discouraging, than to see yourselves after having given the finishing touch to your education, commended by your teachers as worthy a place in the public esteem, located beside a full fledged scion of this discriminating craft. After you have labored faithfully and successfully for a time, perhaps, and the results of your practice begin to show gratifying

evidences in friends and funds, suddenly you find yourself confronted with one of the aromatic gentry. It matters little what he professes. He will not fail to have followers, and you will be surprised and disgusted at the avidity with which the crumbs of comfort *he* deigns to drop for some hopeless consumption or corroding cancer, are snatched up. This will not be among the ignorant and uninformed. It will happen in the very midst of wealth and respectability. You hear nothing but the praises of the *newly* arrived. The air is filled with the buzzing and roaring of his friends, who flock around him as flies around new honey, and usually with the same result—getting badly stuck. You are apt to imagine that your prospects are dimming; that you are not appreciated; that if men of that cast succeed, what need of qualified men? that the world is made up largely of fools, and *various* other *doubtful* and inexpedient conclusions. One thing you may conclude, and that is, that there is no department of man's concerns about which he is so superstitious as the health of his body. He can decide where his interests lie on *any other* questions, with surprising accuracy, but the moment you begin to touch his weak point—his health, he is at the mercy of the wind. A man's health is his blind side; any one can come up to him there.

Quacks have come thousands of miles to this city, to my personal knowledge, to *lay their hands* on the *sick*, that they might be healed. And the subjects of these modern miracles didn't live in the miry precincts of "Kilgubbin." They do business where property costs five hundred dollars a foot, and reside in the most fashionable part of the city. This modern Savior went home with his pockets well lined, and his patient went in search of another.

They don't need that second sermon, preached by the minister who took for his morning text: "Ye are the children of the devil," and by a ludicrous coincidence, took for his afternoon: "Children, obey your parents."

This will seem *very, very* hard to you, and it is natural it

should. But you must know that there will be quacks as long as there are ignorant and superstitious people to employ them; and from the constitution of the human mind, we fear in butterfly, or grub, they will last till the end. The most you will have to do, is to be slow to anger, and restrain the natural impulse you would have to garrote the hypocritical cosmopolites every time you meet them. These gorillas, when they have devoured what they can get with you, will seek prey some where else; some of your humiliated friends will come back to you well cured, and some will wait for the next.

These embrace but a small part of the embarrassing discouragements you will find planted in your path. You will have to run the gauntlet of gossip, and those two-edged swords placed in some mouths will pierce you to the very marrow. It will not depend on your own conduct, whether you escape this. The public servant who is *not* slandered, is below contempt.

You must not imagine that from these troubles which you will encounter, that there are not many bright, sunny spots on your future journey; that your *pleasures* are *all* things of the past. There is much, *very* much in the daily life of a devoted, earnest, true physician, full of sanctified enjoyment. You must not feel, if you do not prosper at first, that you will not succeed *at all*; that if you lose some cases, that you will not *save* some; or that because you meet some impostors, there are *nothing else*.

There is one thing—if you have a *human* organization—that will be most gratifying to you, and that is the *confidence* of your *patients*. When you have once thoroughly gained the confidence of your patrons, and see as plainly as they show, the strong and abiding faith they have in your skill as a physician, as well as honor as a man—when no word, deed or intimation from them, *ever* seconds an appeal to any one better—when you come to be regarded as the friend as well as the physician of your families, and are taken into their trust as truly and perfectly as you ought to be—when you



reckon your friends in the household by the number of it—when the oldest speak of you by day, and the sick children cry for you at night, to be made the subject of pleasant allusion at your next visit—when the little ones gather about your knees—when any little comfort contributed to you is the pride of all—when you merit and receive this confidence, it will be the anodyne for the poisoned minds of neighborhood anacondas, the soft place to rest the wearied limbs, the nectar to your parched spirit, the star of hope and comfort when the night of despondency gathers gloomily about you.

And then, if I mistake not the cast of mind and character of those who are now before me, whose diligent devotion to the principles we have endeavored to elucidate, has been the cheeriest thought that crowned our labors, if I mistake not, you cannot fail to feel a longing desire to try and test for yourselves the truth we have taught, and watch the development of facts in connexion with our art, and investigate and apply new ones. Here will be one of your most constant sources of pleasure. It will be your daily duty, your hourly occupation. It is *in* this, and *for* this, that you must leave father and mother, wife and children, and follow where your profession calls. It is this which will largely test your fitness for your chosen calling. If you should find a constant antagonism between yourself and the practice of medicine, a feeling of distrust and uncertainty, and enduring apathy, I would not tell you *this* was one of the *trifles*. There would be written on your heart's inner door, "*notice to quit*." The sooner you can dispose of your stock in trade, and sweep from your memory with the scrub brush of conscience the last memories of medicine, the better for the human family. You have embraced a calling that requires, and successfully to fellow, *demand*s all the judgment, genius, perception and engrossed vigilance of your entire mind; and to give a halting, unwilling, distracted, pecuniary, hair-brained consent in following this our noble calling, is sacrilege in its worst sense, and deserves to have the tables of the money changers overturned and they be cast out of the temple.



What can be worse than being wedded to a profession which is constantly burning your soul. You are married, not mated, when the desire for divorce constantly haunts you, making your life miserable, except when dwelling on the sordid ends to be gained by it. Knock off the shackles and don't allow yourself to be dragged down by any false pride of position. There is a place for you; by all means find it; rectify your mistake, and leave the profession better for your absence.

These are some of the things which will unbend your bowed frame, and cheer with the happy joy of summer sunlight the way of your labor and love. Much of the pleasure derived in this life depends on the individual rather than extraneous circumstances, none the less of you. It often depends on the cornea we look through, whether the horizon look dark, blue, or bright. It takes but little coloring there, to mantle the world, and don't go to renovating the world while the fault lies on the proximal side of your visual organs.

Allow me in the few remaining moments of our interview, to give you two or three practical suggestions as to how you can avoid the failures and disappointments, and get the good.

In the "Pursuits of Literature" the advice is given to young men, "dare be ignorant of many things." I offer the same to you with this addition, "BUT NOT OF YOUR PROFESSION." Let nothing short of a perfect knowledge of our science satisfy you. Here is the master key to success. Herein you have your fortune in your own hands. In this you can diminish the distance between you and those whom the greater advantages of education or brilliancy of intellect the world would set before you. How CAN I do this? you ask. I have friends to make, business to attend to, the cares of a family—am distracted with anxieties for my patients, the wherewithal to keep life's wheels moving must be raised, and it seems impossible that I can give the needed time for the extensive reading necessary for such erudition. Every one of these reasons you enumerate why you cannot read, is

one of the most urgent I could offer for the suggested course. How can you make friends better than by gaining worthily the reputation of a thoroughly educated physician. How so well prepared for that business as with a mind plethoric with the experience and facts of the Sages? How care for a family so well as on the *funded* effect of knowing your business? Time is not wanting. You can have all the time you need, by subtracting it from your idle moments, and never miss it. Reading is relaxation from practice. It is the best and most interesting recreation for you in the world. Any of you can save one hour a day, and many of you at first, six, and not diminish the time for the duties or pleasures. You waste time enough if rightly employed to make you the greatest wisacres in the land. If the moments *needlessly* wasted in the life of every professional man were gathered together, some would be surprised to find one-fourth of their time idled away. If the books he *could* read and *does not*, were piled up at the end of the year for him, he would consider book cases a *tax*. No excuse on the want of ability to purchase the needed volumes. You can get them just as easily as you can get time to read them, and in precisely the same way. "In all your gettings get wisdom." It is this that will distinguish you, and raise you above the common level. It is this more than any quality of affability or brilliancy, that will secure you the respect of all good and intelligent people.

Cultivate thorough honesty and frankness in all your intercourse with patients and professional friends. What so becoming, so desirable in one who takes such a place in the affections and interests of those committed to him, as thorough *integrity* and *candor*. To have your patients feel that you are the unselfish friend and honest counsellor, the candid communicant of all, whether good or ill for them, will give them the kind of trust in you which will give your words the weight they merit. How much there is to admire and desire in one whose thorough integrity and candor are proverbial

qualities. The want of them *may* give you temporary reputation, or *delay* the necessary pang surely impending; but be assured it will not fail to injure you when the results of your match with death can no longer be concealed. *Tell them the truth* every time they ask for it. Let them know that their concerns are as sacred with you as with themselves, and make up your mind deliberately to die rather than betray them. You are very peculiarly related to your patients, and it becomes a part of your profession to guard their confidential communications as sacredly as you would the interests of your own soul. These often come when your manhood and every impulse of a generous nature enjoins upon you the strictest confidence; but there is one weightier than all, and that is your professional honor. Many a household has been rent asunder by the unwarranted indiscretions of a garrulous physician.

Be kind and cheerful with your patients—kind without offensively patronizing them, and cheerful without being light. How much it soothes the sharp pangs of suffering to have kind and gentle words from the sympathising physician. It makes his hand softer, to smooth and correct the shattered fragments. Every twinge seems lighter for these cheap sedatives. Your sympathy needn't unnerve your skill. You needn't gush into tears at every sight of suffering. That would be worse than none. Your first duty is to bestow your skill, and the next to give words of comfort. First stay, and then soothe. Kind and considerate sympathy is entirely compatible with the *highest* skill, and the coolest and most determined resolution. You can staunch the crimson flow with *one* hand, and have one left to chafe the aching brow. Don't let this sympathy be exclusive. Remember those whom you always have with you, as well as those who add to your income. Let it not be of the kind only shining when *gilded*. But *rather*, be a friend to those who need and cherish your kindness.

Then I might speak of and tell you how necessary industry

was to your good fortune; that "labor, the symbol of man's punishment, is the secret of his happiness;" of equanimity of temper under his vexatious troubles necessarily connected with your chosen life; of the incessant care you should exercise over your patients; and, in fact, occupy your hours instead of minutes, in their detail.

One thing more—don't change. Get your minds well fixed on a location for good and substantial reasons, and don't leave it. A floating, shiftless, undeciding, dissatisfied physician, is the most dilapidated, disagreeable, unprofitable thing I can think of. They act as though they were determined to have it all, and so circulate their valuable services. Birdofreedom Sawin, Esq., has it:

"Change just for the sake of change,  
Is like these big hotels,  
Where they're always changing plates,  
And let ye live on smells."

I am admonished that as the weeks have passed rapidly away since our first meeting, so the few moments allowed me give but little time for telling you everything which experience intimates would be useful to you. It is all included in *Education, Honesty and Sympathy*.

The past has been to us a winter of unusual interest and pleasure, and the agreeable associations thus formed make the present parting the more painful. This, the twentieth annual session, has been the *most* prosperous our institution has ever known, more students having enjoyed its advantages than in any previous year; and it has been the constant remark of your teachers, that the attention and assiduity of the class, as well as their intelligence and scholarly attainments, conferred lasting honor upon it as a class and us as a Faculty. But this compliment, I would say, we cannot promise you longer than twelve months.

We feel, in sending you to the world as the representatives of your alma mater, we commit much to you. Not only are our interests, but those of humanity, are in your hands. We

say you are prepared for high and noble positions, and have solemnly pledged our faith for your qualifications. Shall we, shall the world be disappointed? Shall our cheeks ever feel the blush of shame for disgraceful deed by you, our beloved pupils. All the attentive months you have so patiently and willingly sat as learners before us, all the midnight hours you have scrupulously devoted to your intricate studies, all your manly faces answer no. You go out the largest delegation we have ever donated to the world, and you go at an interesting time of its history. Your services are needed on many a bloody field, where a brother calls you to staunch fraternal blood which his own hands have shed. Our patriotic and surgically-abused soldiery call on you to save them from those who *should be their friends*. Louder comes the call from the thousands whose freezing blood fastens their helpless bodies to the crispy earth, to save lest they perish.

To such as feel the calls of our blessed country paramount, who will take their lives in their hands and peril all for her, we say, go, and when the number so gone renders our services as teachers needless here, we'll close the doors of your alma mater, hang out the stars and stripes and follow you, while duty calls, or life remains.

Gentlemen, we part. For the very many acts of courtesy we have received at your hands, we would express to you our deepest thanks, and may the happy hours we have spent together, often come to us in after day thoughts, as fragrant incense burning upon the altar of friendship, ascending to the very heaven of heavens.

May your lives be the perfection of professional success, and draw from some truthful biographer, the glorious and undying commendation so worthily bestowed by the prince of historians, on the prince of earthly princes: "As long as he lived he was the guiding star of a great and noble profession, and when he died the little children cried in the streets."

Gentlemen, go; God bless you. Good bye.

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**EDITORIAL AND MISCELLANEOUS.**

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**ABSTRACTS, COMMENTS AND REMARKS.**

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*Conservative Medicine.*—Prof. AUSTIN FLINT communicates to the *American Medical Journal* another of his trenchant articles on "Conservative Medicine," following out the same train of ideas suggested in the article reproduced in the last volume of this journal. This time he applies the principles of Conservative Medicine to Therapeutics. Conservatism with Dr. Flint is not "old fogyism," but enlightened Progress. It is the same thing which for many years the better class of practitioners, and some teachers, have been steadily acting in concert with—taking Rationalism as the guide, rather than bold Empiricism or grosser Dogmatism.

As a matter of fact, the majority of practitioners are far in advance of the text books, and many of the oral teachers. And the direction of this advance is in the general line of Dr. Flint's essay. Thus it is shown by a greater discrimination in the use of spoliative, perturbatory and debilitating measures, such as bloodletting, mercurialization, emetics, cathartics, and severe counter-irritation. It is shown, by an increased use of remedies, which are potent without damaging the organism, such as opium and other sedatives. It is shown by a greater reliance on hygienic measures. It is shown by more attention to alimentation, and by the earlier and more efficient employment of supporting treatment in all affections which tend to destroy life by asthenia. (*Op. Citat.*)

Many diseases tend, intrinsically, to recovery. Indeed, those often destructive, as pulmonary tuberculosis, manifest

the same to a most extraordinary extent. Affections of the skin, mucous and some of the serous structures, and of other parts not so immediately concerned in vital operations—oftenest diseased, are also most frequently spontaneously relieved. The internal immediately vital organs, the stomach, small intestines, liver, pancreas, and kidneys are, comparatively, not often acutely inflamed. The morbid products engendering disease by their presence are rapidly eliminated. This conservatism of nature is strikingly illustrated in the frequent spontaneous limitation of inflammation—Pharyngitis not extending to the Larynx—Bronchitis of the larger tubes not extending to the capillary branches! Hypertrophy of the Heart! The scientific Pathologist, who is always conservative, will admire and reverence the fertile resources of nature.

The conservative physician "is content to do nothing when ignorant how to do good."

He does not resort to perturbing measures in uncontrollable diseases. He is expectant then, not as a passive spectator, but in the adaptation of therapeutical measures to circumstances as they arise. He refers not simply to the disease, as catalogued by nosologists, but to the condition of the patient. Formularies and routine are to him impossible.

He directs especial care to the vital powers, and supporting these (in the common, well understood practical sense) is his crowning trait.

Nevertheless, he is not timid in practice. He carries a lancet (very liable to get rusty, however,) and repudiates no agents which have power, but he uses them with nice discrimination. He is bold in the use of supporting agents, opium, quina, alcohol, &c., but equally resolute in forbearing to resort to potent measures, whenever active interference is not called for by the conditions of the case.

He recognizes that medicine is a progressive science, and is independent of creeds, dogmas and discipleship.

Briefly: Potent agents are never neutral, but must either do good or harm in proportion to their potency. Doubtful



remedies, had best be abstained from, and the powers of life are to be assisted by remedial and hygienic influences, in enduring and triumphing over disease.

The rationale of inflammation is now very thoroughly understood; at all events, so understood that we do not expect to suppress it by diminishing the quantity of blood in the body, or by diverting it from one part to another, or by violent perturbatory efforts of any sort under a vague idea of shaking off the disease.

Yet conservative practice can accomplish vastly more than to abstain from doing unnecessary and harmful things. It can palliate, promote favorable modes of termination, obviate incidental evils, and favor removal of morbid products, sometimes even employing surgical methods, and all the time sustain the powers of life by anodynes, stimulants, tonics, nutriment. And these things call for boldness, resolution and perseverance.

Observe the modern practice in acute peritonitis, and contrast it with the old.

Observe the more judicious, discriminating use of the alteratives. The treatment of chronic inflammations by maintaining the body in the best possible condition by tonics, alimentation and hygiene. The pathology of the essential fevers shows that each has its special cause, and the first inquiry is: Do the present resources of our art enable us to control these diseases? So far as the periodical fevers are concerned they most certainly do.

Variola is combatted by vaccinia. Other eruptive and continued fevers, there are grounds for believing, are occasionally suspended or abbreviated, particularly typhus and typhoid fever. At the least, conservatism has led to the relinquishment of attempts to break up continued fevers by bleeding, emetics, cathartics, mercurialization and the like. These anti-conservative measures belong to the past.

The study of structural changes has thrown much light on our subject, but the prime source of the lesions observed underlies and precedes the earliest of visible changes.

Nature provides largely for organic diseases of important parts, by ample provision of surplus structure. Thus the physician can do much for diseases which he can not cure by preventing further progress of the lesion, and keeping the organism all the time in the best possible condition. The nearer this is to a state of health the less liability to an extension of the local affection.

"Functional" disorders are to be traced to their real cause, and the therapeutic indication thus traced, e. g. vomiting and diarrhoea in Bright's disease; morbid conditions of the nervous system in abnormal constitution of the blood, &c. Toxæmia may originate even epilepsy, and a vast number of local disorders, and its source is to be studied and the poison eliminated, or even the antidote sought.

Conservatism indicates the removal of morbid diatheses. It indicates both hygienic and therapeutic prophylaxis. Another object is to arrest disease *in limine*. The better understanding of pathology has limited the number of disorders supposed capable of "jugulation," but has given more positiveness and power in certain cases. The cure of disease (*cura*) is not to be confounded with its spontaneous self-limitation, by *post hoc ergo, propter hoc*, argument. It is no disparagement to medicine to admit that it has improved. Antiphlogistic measures are less used, although capable of beneficial influences when properly employed, particularly in certain inflammations, where the danger is immediate and not involving death by exhaustion of the powers of life: e. g. Laryngitis, Acute Meningitis, Capillary Bronchitis. Again, palliation both in curable and incurable diseases. We hear much less now-a-days than formerly about "locking up the secretions," or "cerebral congestions," from the use of opium and other anodynes. Palliatives conduce not only to comfort, but cure, by diminishing general disturbance and exhaustion.

Finally, conservative practice involves, pre-eminently, support. During the progress of disease and convalescence, nutriment, tonics, &c., if need be, alcoholics, better serve to re-

store vigor of both mind and body. Modern practice is pregnant of results in this respect.

*Typhus and Typhoid Fever.*—The number of those who believe in the specific or essential diversity of typhus and typhoid fever is constantly lessening. They are the result of the same poison co-operating in influence with other causes acting upon individuals. One person, whose various excretory organs are in perfect order, resists altogether the pernicious effects of the poison, especially if exposed but a limited time to its operation. Another partially or imperfectly, the result being slight febrile or constitutional disturbance, or perchance, manifesting the symptoms of the slow, nervous fever of Armstrong.

Another still, whose intestinal excretories, particularly the patches of Peyer, are called into energetic operation by its local influence, will exhibit common typhoid fever—the enteric fever of Wood. And another, eliminating little or none, illustrates the potent impression of the *typh materies morbi* upon the brain and nervous system, or typhus. Or, again, it may ultimate in local lesion of particular organs, as of the lungs, in which case the local affection may overshadow all other manifestations. Or the long continued operation of the same causes may determine the closely allied, if not identical, disease, tuberculous deposit.

Diseases are not entities—least of all are typhus and typhoid. The material change which constitutes disease is the product of all the causes, whether internal or external, conjointly acting upon single organs or the whole system.

The therapeutics of the typh diseases from the mildest to the gravest, from the most acute to the slowest chronic, will be found reducible to the same general principles. Pulmonary phthisis and typhoid fever have a common parentage—concurrent causes determine the result.

There are no specifics for either. Expectorants in the one, or antiphlogistics in the other, though they may respectively

prove occasionally useful, are, so to speak, only accidentally so. We must refer to the causes in each individual case, and either remove them, or remove the patient from the sphere of their influence. Without this, medication, whether by antiphlogistics, or stimulants, or alteratives, is, at the best, but null.

Preventing further access of poison, we are to favor elimination and necessary tissue metamorphosis, according to the special indications. Repressing excessive action of any organ immediately involved. And then restore the proper constitution of the blood by nutriment, choosing simply the most easily digestible and that which is physiologically necessary. Whether tonics or stimulants are necessary depends wholly upon their favoring and energizing nutrition—a point which observation must determine in each individual. Alcohol may be required freely, or moderately, or not at all. “Starving a fever,” and putting the tuberculous man on an exclusively farinaceous diet, are barbarisms now gone into desuetude.

The appetite is not a test of the want. The same poison, which in its most noticeable result engenders delirium or coma, in its first effect dulls the nerves responsive to the constitutional want. The man who feels cold is not freezing, but he who sleepily denies any sensation of cold whatever. Feeding the typhoid patient is one of the best methods of awakening the appetite for food. Mercurials, or even Terebinthines, are among the worst.

All medication should be considered as merely subsidiary to the digestive and nutrient processes.

DR. JOHN HJALTELIN, of Iceland, says that the indications are:

1st. To prevent overcrowding in the farm huts and cabins as far as possible.

2d. To provide perfect ventilation by opening the windows, or making holes for the outlet of the vitiated air.

3d. To destroy every offensive odor about the sick, and even the smell of the sickness itself.

4th. To introduce cleanliness in every respect.

5th. To clean the bowels of the patient as soon as possible in an effective and perfect manner.

6th. To destroy instantly the odor of evacuations.

7th. To use disinfecting medicines internally in a bold and consequential manner.

8th. To support the strength of the patient by easily digestible but nourishing food.

Which rules are applicable the world over, as well as in Iceland.

Dr. Hjaltelin, naively but most sensibly, remarks:

"It seems to me that many physicians are too much afraid of using nourishing diet in typhoid fever, forgetting the great loss of nitrogenous compounds which this sickness, by the large excretion of urea, produces. I have seen many typhus patients in this country, who, as soon as they were able, took very nourishing food, which would never be allowed in the hospitals of Europe, recover speedily; and comparing this fact with the languishing and protracted recovery in the hospitals, I conclude that nourishing food in the latter stages of this fever is quite indispensable."

Commence earlier with your "nourishing food," good Dr. Hjaltelin, and your heart shall be still more rejoiced at the result!

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*Hypodermic Injections of Morphia.*—DR. LERICK, of Philadelphia, reports to the Phil. Coll. of Phys., the use of Hypodermic injections of Magendie's solution of morphia (gr. xvj to f ʒ j) in a case of excessively obstinate neuralgia of the thigh and leg, supervening on myelitis. Fifteen, gradually increased to twenty-eight, minims were injected each time; sometimes only at night, sometimes twice or three times a day. The treatment was continued for five months. All other treatment was gradually abandoned as useless. In five minutes the patient, who was previously in an agony of suffering, would be perfectly relieved. No unpleasant sequelæ resulted. He does not hesitate to recommend the method as a very valuable addition to our means of medication. Similar injections have been recommended in delirium tremens, tetanus, mania, chorea, paralysis, &c., and they illustrate the

fact that the anodynes have a powerful influence in controlling nervous disorder, even thus irregularly applied. We trust there will be no indiscriminate resort to them. Occasionally abscesses are the result. Sometimes, not infrequently, nausea and vomiting. The narcotic effect is not readily controlled, now and then there occurs profound impression, and again from even a larger amount very little or none.

Still in obstinate cases this method of application is worthy trial. Where temporary or permanent causes prevent ordinary methods of exhibition, or it is sought to impress at every point. So in metastatic pain; in surgical cases; but especially where pain is distinctly local and chronic. Practically it is best to inject directly upon the most painful point, although some, from theoretical considerations, prefer to apply the medicine at the trunk of the nerve whose branches are specially involved. By the by, an appropriate instrument has yet to be invented for this little operation. Those we have yet seen are often imperfect at the first, and always after having been used a few times. The little ones, gauged for sundry minims, in a short time infallibly draw air from above, rather than the narcotic solution through the fine tube from below. All the vulcanized rubber syringes, although the tube remains intact, speedily give way at the soft packing of the piston. Can not this be remedied?

It is a little noteworthy that in about all the cases reported where hypodermic injections were resorted to, almost as the last hope of relief, the efforts of the physician have been directed to finding some specific remedy, apparently guided by the idea of *functional* (*quasi* spiritual) disease. Little is said of efforts to restore a healthy composition of the blood. Good healthy blood is the best healing lotion for even "functional" diseases.

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*Trismus Nascentium*. — GREENVILLE DOWELL, M. D., of Texas, in the *Am. Journal*, concludes from considerable



experience and observation that *Trismus Nascentium* is produced :

1st. Most frequently from improper management of the cord, and congestion of blood in the umbilical vein ; from this vein congestion spreads to the liver, and it becomes swollen and filled with dark blood, and the secretion of bile is entirely arrested.

2d. The next most frequent cause is the displacement of the occipital bone in parturition. We may always look for this cause in protracted labors.

3d. The retention of the meconium, and want of properly cleansing the skin when the child is first dressed.

4th. And lastly, it may be produced by any cause that will produce tetanus in old persons. Cold, exposure to drafts of cold air ; foul odors, &c.

It generally comes on from the fifth to the twelfth day, most frequently the ninth. After three weeks he considers the child safe. In treatment he refers to the cause. If from displacement of the cranial bones, as suggested first by Dr. Sims, he removes it by position ; if the occiput is at fault, on the side ; if the parietal, on the back. Does not allow the position to be changed even during nursing.

Originating from the umbilicus, he rubs the abdomen with an ointment of Hydrarg. Protiodid gr. x to 3j of Lard, giving internally from one to five grs. of Calomel. Opiates, Assa-fetida, &c., appear to do no good. The warm mustard bath nearly always temporarily relieves the spasms.

The third and fourth causes indicate with sufficient clearness the proper remedies.

Proper management of the cord at birth he thinks of the very highest importance in the disease.

With regard to the second cause referred to by Dr. D., or Sims' disease as it might be called, we refer our readers to an article by Dr. Brainard, in this JOURNAL, vol. V. (1862) p. 4." "Tendency to a Vacuum in Cerebro-Spinal Diseases." The cause is seen to be a feeble action of the heart, or a peculiar modification of the respiratory movements, or both. A strong inspiration tends to exhaust the cerebro-spinal cavity,



and hence the overlapping, when the laryngeal aperture is partially or wholly closed. Of course some cases are produced during a severe parturition by the great pressure applied to the head of the child naturally, or it may be by use of extracting instruments.

But why do these cases occur more frequently South than North?

*Puerperal Convulsions.*—In the proceedings of the Cincinnati Academy of Medicine, reported in the *Lancet & Observer*, we find a discussion on the subject of Puerperal Convulsions, which strikes us, in the main, as scarcely creditable to that enlightened emporium of medical science. The subject was introduced by J. H. Tate, M. D., who read an essay upon it. Dr. T. called attention to the facts that ninety per cent. of the cases occurred in women not broken down by child bearing, or any cachexia; that the disease is almost invariably accompanied by albuminuria; that the eclampsia is very commonly attended by œdema of the legs, hands, and often of the face; that, fourthly, hundreds have been successfully treated by bloodletting and purgatives; fifthly, that chloroform has, recently, in quite a number of cases, proved successful; and finally, that in some cases a rapid emptying of the uterus has been followed by an early cessation of the convulsions. The disclosures of *post mortem* examinations have been unsatisfactory. Hence the writer concludes that bloodletting is the chief remedy, adopting "the views of Meighs and Tyler Smith (?)" The essayist observes:

"In entering upon this task, I have experienced some of the feelings of the lover of nature, who goes forth at twilight to survey the beauties of the night. As gem after gem, and constellation after constellation, rise up in splendor before him, his eye kindles with a deeper and yet more profound emotion, until at length he is overwhelmed and lost amid the grandeur and extent of the universe of God."

Then follows a case by Dr. Carroll, which was bled and died; then a case by Dr. Smith, which was bled and died.

Upon which Dr. Fries recommended bleeding from both arms and delivering by the forceps while the blood was flowing. Dr. Carroll objected to chloroform but endorsed the blood letting. Dr. Richardson believed in chloroform, but had more confidence in bloodletting as a preventive agent, "to remove pressure from the brain." Dr. Murphy had seen three cases, the first was bled and died; the next two were not bled and lived. He (most sensibly) urged the facts of uraemia. Dr. J. B. Smith said:

"Women during pregnancy do not bear a large loss of blood without detriment. There is a physiological condition during menstruation when she loses a certain amount of blood. During pregnancy it is used in the development of the fabric of the child. He took the position and believed it, that unless there was an arrest of development of the child or the uterus, there is no excess of blood. As a remedy for puerperal convulsions, does an excess of blood about the spinal cord indicate bloodletting? His patient died after the last bleeding. Would every drop of blood drawn have relieved her? You must remove the exciting cause. The best authors, as Tyler Smith, Braun and others, are exceedingly cautious about bloodletting, and he would be when oedema was present, indicating albuminuria."

Dr. Fries said nineteen out of twenty women at the seventh, eighth and ninth months will have an cedematous condition of the extremities. This was due, not to the uraemia, but to pressure on the lymphatics of the pelvis. Did not believe in poisoning of the blood. Had bled hundreds in such cases with benefit. Pregnant women bear bloodletting well. You could not wait for stimulants or antidotes, but should bleed irrespective of poisons in the blood. "He would open a vein, apply stimulants to the extremities, ice water to the head, etc. In fatal cases, post mortem examinations reveal effusion around the base of the brain or a clot."

Dr. Murphy took grounds against extreme bloodletting and extreme anti-phlogistic treatment. In the Commercial Hospital the treatment of the disease was as successful now, as in the days when bloodletting was practiced largely. Did

not believe the doctrine that pregnant women bear blood-letting well. Excessive bloodletting would produce anæmia and convulsions.

Dr. Fries reported a case to which he was called since the commencement of the discussion. He had bled her largely and she died. Would treat a similar case in the same way. Subsequently he inveighed against the New York practice of producing abortion in albuminuria, and said that the theory of albuminuria or uræmia being the whole cause of puerperal convulsions is a humbug.

Dr. Richardson did not believe there was any one plan of treatment in puerperal convulsions. Favored chloroform, and believed that blood-letting was useful only when there was a rigid, unyielding cervix and os uteri. Bloodletting in advance would be detrimental.

Dr. Murphy agreed with Dr. R. "He was asked how many women he had bled? He said very few. Who bleed now, except such persons as cannot treat typhoid fever without purging and salivation? We cannot bleed these women or give heroic doses of medicine." He could not treat his patients as the older authors taught, simply because they could not bear it. Those who have read the recent investigations on the white kidney will not think so strange of producing abortion in cases of albuminuria. We have come to know an inflammation is a state of hyper-nutrition.

Dr. Carroll has bled hundreds of cases of typhoid fever. "He bled them because in the outset there is local difficulty in the brain. He had practiced more than forty years, and he never gave stimulants in typhoid fever in the first ten days. If there is congestion of mucous membrane stimulants would increase it. He would rather act quietly on the secretions; and this was the opinion of the best men in the profession. Believed there was not a man in the Edinburgh School who was not a hypocrite. Cullen was the only man, he believed, who kept himself clear. Why must you not bleed in effusion, in œdema! You take a case of dropsy following scarlet fever, when there is danger of convulsions; you will almost always save the patient by bleeding. If you bleed, you re-

lieve the brain. In all cases where the kidneys do not act well, you cup, leech and purge, and you bring on healthy action; by bleeding you lessen the amount of fibrin."

Several of the participants in the discussion spoke with contempt of "reading doctors." It is very clear from their reported remarks, that they have none of that Christian virtue which teaches contempt of self. The "reading doctors" have very small confidence in blood-letting (and very often none at all) in eclampsia. The "non-reading" doctors have bled hundreds of cases, and propose so to continue notwithstanding their patients about invariably die.

But Dr. Carroll caps the climax by saying that not only does he bleed in eclampsia, in fact has bled in hundreds of cases, but that he bleeds in the outset of typhoid fever, "because there is local difficulty of the brain!" *Ohe! jam satis!*

And Dr. Carroll believes that "there was not a man of the Edinburgh school who was not a hypocrite." Evidently Dr. Carroll is not of the despised class of "reading doctors."

It has been well said that a physician should never abandon his care of a patient until he is absolutely dead. And why? Simply because in occasional instances, while the patient seems now in the moribund state, destructive changes will cease a little before those processes which are immediately necessary to the continuance of life. On the cessation of these destructive changes, commonly almost coincident with death, there will sometimes commence recuperative action and convalescence steadily advance. Who has not seen this in cases of, for instance, enteritis, where there has been the usual spasmodic contraction of the intestine? In laryngitis, in meningitis, and many other diseases? A crisis? Certainly a crisis—but one in which Death is the physician. A crisis not to be imitated by art, but to be shrunk from, and avoided by all the appliances of art. This is the kind of crisis which is more dangerous than disease, but which, unfortunately, when one case has happened to escape, has been made the

excuse for multitude murders. (For the details of at least one such case, see Paine's "Institutes of Medicine," (Appendix) Pp. 871 and 872, § 1068 d, where the patient was pushed to the death crisis by a blood thirsty dogma, and yet recovered.) Cases involving spasmodic action are especially illustrative of this state of affairs.

This will explain why it is that the Bloodletters always insist, if the patient dies, that he or she was not bled enough. It is true, even as they say—they were not bled enough! If they had been bled until the *death-crisis* came, possibly they might have recovered, but how many will die?

It occurs to the present writer, that there is no warrant in all medical experience, or even in medical theory, for this murderous use of the lancet. Statistics, all experience, the enlightenment of the age, and common sense, stand arrayed upon one side, and upon the other side, cases like Dr. Paine's, (§ 1068 d), which escaped both Death and the Professor, and Dr. Fries', which did die, but illustrated the excellence of the treatment even while so doing.

The simple fact is that blood-letting is a sedative agency, but one rapidly exhaustive in character, and hence liable to objection, in particular cases, which may not weigh against other sedatives. That it is not pre-eminent as a sedative, is proven by the facts of every-day experience. That it is practically inconvenient, unnecessary and liable to result injuriously, is so patent that the lancets of the bloodthirstiest bleeders are everywhere (*volens volens*) getting rusty from want of use.

In puerperal convulsions there are two prime indications: First, to control the paroxysm. Second, to remove the cause. The cause may be uræmic or reflex, each involving change in the molecular structure of the nervous system. Extravasations, clots, congestions, effusions—these are results, not causes. Pressure is not a cause, it is a result. Bloodletting in these cases, save for its sedative influence, is an absurdity.

Sedatives, anæsthetics, anodynes—these are what fulfill the first indication.

The second may require diuretics, cathartics, or other eliminating agents. It may require tonics, nutriment, alteratives. It may necessitate speedy abortifacients. Nature may and often does provoke this action spontaneously. Art should be her minister and interpreter. It is idle under these circumstances to indulge in canting, milk sop platitudes about the "terrible practice of New York," or any other place, in this regard. It is a question simply of one life or two. It is a question which does not need discussion, save in those countries where it is gravely proposed always to sacrifice the mother rather than the child. It is not a question for this age or this country.

Spoliative blood-letting, however great its claims, when other or less disastrous sedatives were either unknown or not understood, is out of place, save in exceptional instances,—in puerperal convulsions, or, briefly, in any known form of disease.

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*Lancing the Gums in Dentition.*—From a review of Dr. Jacobi's recent work on Dentition, (Amer. Med. Monthly,) we extract the following judicious observations:

While we are on the topic of 'lancing the gums,' a word may not be out of place as to the *modus operandi* of the relief obtained by incisions. The growing tooth is enveloped by a saccular membrane, continuous with the periostem which surrounds the neck and fang, and secretes (afterward) the cementum. This dental periosteum is a highly important structure, well worthy of far more study than it has received. All judicious dentists recognize and respect it, for they know how highly vitalized it is, and how fruitful of mischief it becomes in disease. It is to this organ that are due those long-continuing and deep-seated facial neuralgias, which, like many more obscure symptoms of nervous derangement, are often suddenly and permanently relieved by extracting a diseased tooth. Now this membrane, so powerful in the adult, and so persistent in its bad effects, but so easily deprived of all harm-



ful power, is the inclosure within which the growing tooth is formed; and surely it is no stretch of credulity to believe that any fault or imperfection in this delicate process may as readily disorder the extremely sensitive nervous system of a child as may another form of diseased action in the same organ disturb the action of the adult system. The purpose, therefore, in cutting, is to relieve any undue tension of this membrane, and to do this, of course the knife must penetrate to the tooth. Prof. J.'s fancy about *scratching* the enamel is one of those points which show that his lectures are based more on theory than on observation. Frequently, as was the fact in the case above related, the relief is required and obtained by incising, some time before the tooth finally appears through the gum. The Professor may disdain the term, but the nurses are not so far out of the way—disturbance frequently occurs when the teeth are 'breeding.'

It will be very difficult to convince practical men, however it may be with mere theorists, that free incisions in the swollen gum do not frequently afford immediate relief, not only to local pain but also to more or less severe symptoms of a reflex character, having their starting point in the great local disturbance of nutrition of the dental nerves.

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*Cause of Epidemics.*—Dr. JAS. GALBRAITH suggests that as decomposing organic matter upon the surface of the earth may generate gases productive of endemic or sporadic disease, so may gases arising from the underlying formations become the exciting cause of various epidemics, or result in change of the general constitution of the air, varying the type of existing diseases. Volcanic action, earthquakes, etc., may liberate noxious gases, not only where they are immediately observed, but at great distances, disturbing the crust of the earth and contaminating the atmosphere, the waters of springs and rivers, etc.,—thus influencing powerfully the conditions of human life.

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*Pertussis.*—Dr. J. B. LUDEN (*Penn. Transac.*) recommends in whooping-cough the following mixture, which has proved to him the means both of alleviating, and cutting much shorter



the whole disease:  $\mathcal{R}$ —Ext. Belladonnæ, gr. iij; Infus. Ipecac  $\mathfrak{z}$  iiiss; Sacch. Alb.  $\mathfrak{z}$  iij; Aq. Amygdal  $\mathfrak{z}$  ij— $\mathfrak{z}$  ss. F. M. From half to one teaspoonful three or four times a day for children.

*Biennial Report of the Board of Trustees of the Michigan Asylum for the Insane, 1862.*—This Asylum is located at Kalamazoo, Mich., and is under the Superintendency of Dr. E. H. Van Deusen, formerly of the Utica (N. Y.) Asylum. The report shows 155 patients under care Dec. 1st, 1862. This is the foundation of a model insane asylum, and under the wise and sagacious charge of Dr. Van Deusen, who is a model Superintendent, it is achieving a high reputation everywhere. We are exceedingly gratified to hear that the State Legislature has, the present session, appropriated \$60,000 to enlarge the capacity of the asylum, and thus promote its further usefulness. The Peninsula State is to be congratulated.

*Debility and Diarrhœa of Soldiers.*—Rufus K. Browne, M. D., Surgeon in charge of the U. S. Marine Hospital recommends (*Med. Times*) in debilitated but not particularly anæmic state of patient:  $\mathcal{R}$ —Cinchon. Rubr.  $\mathfrak{z}$  ij; Anthem.  $\mathfrak{z}$  ss; Fl. Ext. Gentian.  $\mathfrak{z}$  ij; Tr. Aurant. Cort.  $\mathfrak{z}$  ij; Sodæ Bicarb.  $\mathfrak{z}$  ij; Aq.  $\mathfrak{z}$  xxxij. M. Boil twelve minutes and strain. D. Half a teacupful every two hours. He sometimes substitutes Tinct. Colombo or Quassia for the Anthemis. If the patient be greatly enfeebled, as the result of protracted sickness or diarrhœa, he orders each dose of the above to be followed by an ounce of Santa Cruz or Jamaica Rum with five grains of Ginger. Or if anæmic withal, administers a grain of Pulv. Strychnos nux. vom. and five grs. Pot. Tart. Ferri. He believes the latter the most energetic replenisher of the active elements of the blood.

To abbreviate the chill in periodic diseases, he orders an ounce of Rum, with four gr. Capsic. and three of Ginger, in hot water. A mixture of Squills and Verat. Virid. has been

found useful in pneumonia and other affections where the pulse is high. By it, he says, "you rapidly modify the circulation, but there its efficacy ends."

A solution of veratria in glycerine is convenient and efficacious in removing superficial pains.

As an "unfailing and undisturbing evacuant, he directs :  
 ℞ Ol. Ricin. Com. ℥ss.; Ol. Olivee ℥ss.; Ol. Tigllii gtt. j;  
 Es. Ol. piper. menthæ gtt. iv M. Or, according to indications, Calomel may be preceded or added to it. He prefers this combination to the salines in treating military diarrhœa.

Where salines are used, he prefers the Tartrate of Soda; and where there are fæces in the large intestine he commends :  
 ℞ Aloes Socot. gr. xx; Acid. Sulph. dilut. gtt. x M. f. p. IV. One to be taken every hour until discharged. "However long the constipation, this will always relieve the bowels with very little or no sense of its effect."

I have sometimes arrested the continuance of this exhausting form of diarrhœa, when every other article in the hospital dispensary had failed, by

℞ Pulv. resinæ communis gr. viij. or x., given in water, pulv. acaciæ, or even powder of arrow-root may be added to this, if the discharges are streaked with blood.

In that case also the following:

℞. F. ex. gentian. 3ij. F. ex. senegæ 3j. Syr. ipecac 3ij. Gum. acaciæ 3i. Aquæ 3ij. M. A teaspoonful every two hours. The senega is a restorative; *how*, I do not know. I have invariably found it a useful adjunct in tonic mixtures. The nearest a uniformly efficacious diarrhœa powder, and generally efficacious where the diarrhœa has not been long uninterrupted, is ℞. Pulv. gum. acaciæ 3ij. Cretæ prep. 3j. Pulv. kino 3i. Pulv. ipecac. gr. v. Div. in p. æq. No. xx., one after each discharge. This with mucilaginous drink, where there is torpidity of the bowels, in the highly enfeebled, if we suspect but little fecal contents, and dread any disturbance of the system, and the stomach and perhaps bowels are weak.

℞. Ol. ricini 3i.; Ol. morrhue 3ss.; Gum. acaciæ 3ij.; Aquæ menth. pip. 3iv.; Tr. opii gtt. xl.; Spts. terebinthinæ gtt. xxv. A tablespoonful every two hours. It is particularly useful where there had previously been intestinal capillary

hæmorrhage, or where there is continued intestinal torpidity, and the patient is confined to his bed.

In moderately reduced states of the system, where there is almost a daily recurrence of slight febrile symptoms without rigor, give  $\mathcal{R}$ . Tr. serpentariæ  $\mathfrak{z}$ j.; Tr. rhei  $\mathfrak{z}$ j.; Tr. zingiberis  $\mathfrak{z}$ j.; F. ext. valerian.  $\mathfrak{z}$ j. Tablespoonful every two hours. The nervine in combination with the ginger is a particularly kind but efficacious queller of the febrile temper. I have never found any particular benefit from serpentaria alone. Of that and in such a case the tincture is better than the infusion. For immediate and entire subsidence of flatulent colic or pain,  $\mathcal{R}$ . Liquor, ammon., Chloroform—*aa.* gently rubbed over the epigastrium is particularly efficacious.

*Nostalgia*.—Surgeon D. C. Peters, in the *Medical Times*, gives the following picture of this remarkable disease:

That peculiar state of mind denominated nostalgia by medical writers, is a species of melancholy, or a mild type of insanity, caused by disappointment and a continuous longing for home. It is frequently aggravated by derangement of the stomach and bowels, and is daily met with in its worst form, in our military hospitals and prisons, and is especially marked in young subjects.

The symptoms produced by this aberration of the mind, are first, great mental dejection, loss of appetite, indifference to external influences, irregular action of the bowels, and slight hectic fever. As the disease progresses it is attended by hysterical weeping, a dull pain in the head, throbbing of the temporal arteries, anxious expression of the face, watchfulness, incontinence of urine, spermatorrhœa, increased hectic fever, and a general wasting of all the vital powers. The disease may terminate in resolution, or run on into cerebral derangement, typhoid fever, or any epidemic prevailing in the immediate vicinity, and frequently with fatal results. Among young prisoners of war it is the worst complication to be encountered, as the writer can truthfully affirm, after a few months' experience in treating several hundreds of these prisoners under the most favorable circumstances.

Fresh troops serving in the extreme South, where mail communications are irregular, and where the climate is very debilitating, suffer terribly this affection. The hospital of New Orleans and its vicinity, during the past summer, were filled with such cases, complicated with fevers and diarrhœa. The

majority of them were young men from the Eastern States, whose love of home and kindred is a characteristic trait.

The diagnosis of nostalgia is not difficult in its early stages, although the patient may be unwilling to confess his mental weakness. It may possibly, however, be confounded with a depressed state of the mind, resulting from unexpected and sad intelligence.

The treatment of nostalgia would appear very simple, could we always at its onset remove the exciting cause, by allowing the patient the free exercise of his will; but from obvious reasons this is usually an impossibility. The strict rules, usages, and exigences of military service are insurmountable barriers against granting too free indulgence to soldiers. The surgeon must carefully attempt to relieve the patient's mind of its injurious burden by other means, such as kindness, free exercise, bathing, and agreeable associations, while he improves the tone of the stomach and bowels by generous diet and tonics. In cases where complications exist, notwithstanding his zealous efforts, the symptoms will frequently baffle his skill, and then as a *dernier resort*, and in order to save life, or prevent permanent disability, he must recommend the man's discharge from the service.

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*Bromide of Potassium in Ovarian Tumor.*—Dr. P. Stewart, of Peekskill, N. Y., reports in the *Reporter* a case of trilobular ovarian tumor, each lobe two-thirds the size of a child's head at birth, successfully treated by Bromide of Potassium. Three grs. gradually increased to eight grs., were directed to be taken in Comp. Syrup Sarsaparilla three times a day—to be continued without interruption for a year. Improvement commenced in two months.

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*Diagnosis of Malarial Diathesis—New Test Symptom.*—Our contemporary of the *Boston Medical & Surgical Journal*, publishes a paper placed in the editor's hands by Surgeon General Dale, of Mass., to whom it was communicated by Surgeon E. C. Bidwell, of the 31st Mass. Volunteers. This paper purports to give "a new pathognomonic symptom of the malarial diathesis."

After alluding to the frequent difficulty in diagnosis in these cases, and nevertheless its importance, he describes the symptoms:

It is a very peculiar and abnormal appearance of the tongue, in which its under surface appears to have trespassed upon the upper, the *papillæ* of the latter being supplanted by the transverse *rugæ* of the former. The sides are thickened and rounded, the normal well-defined edge being obliterated, and the line of demarcation moved nearer to the mesial line. This appearance of the sides may be associated with any and every possible appearance of the remaining papillary surface, clean or coated, thick or thin, light or dark, just as the malarious disease may be attended by any and every variety of morbid condition of the system. Through all this variety it is perfectly distinct, and, when once learned by actual inspection, is unmistakeable.

Wherever I find this malarious tongue, whatever other symptoms and conditions may be present, I give quinine freely and confidently. So much confidence do I place in its indications that, when it is present in complicated or obscure cases, I make all other treatment wait upon quinine as the first and indispensable remedy. On the other hand, when in charge of a regiment, if soldiers came to me complaining of "chills," whose tongues did not present this appearance—telling the truth to the eye while they lied to the ear—they were unhesitatingly returned to duty. I am confident that in judging by this criterion of more than twelve hundred cases during the last season, I have never wronged more than two men, and those not grievously. In those two cases, I am obliged to confess, it was but faintly developed. Both were mild cases of simple intermittent.

We call our contemporary's attention to the fact that this is by no means a *new* symptom, as it most certainly is not a pathognomonic one. In a communication to the *Western Jour. Med. & Surg.*, Aug. 1851, (reprinted in the *American Journal of Med. Sciences*, Oct., 1851, p. 555), Dr. Thomas C. Osborne, of Erie, Ala., points out this same symptom. We extract a single paragraph from his article with regard to what he designates, "the *malarial margin*."

"As the name imports, it is an essential departure from the normal aspect of the edge, constituting a distinct lateral

boundary of the tongue, occupying more or less surface, according to the charge of infection in the system. Ordinarily, the color amounts only to a very faint bluish tinge, which is liable to be lost, or merged in the various tints imparted to the tongue in various diseases. The most fixed condition of this symptom is an appearance of indentation or crimpling transversely, which is apparently confined to the subjacent tissue, while the superficial integument is moist, smooth, and transparent. In a word, it seems to be a continuation or encroachment of the inferior surface upon the superior and lateral borders of the tongue, greater as we approach the root of that organ."

Dr. Osborne attributed great importance to this condition of the tongue as proving "malarious," poisoning, and as indicating the use of quinine. He asserted that he was able, by observing it, to predict an attack of malarious disease, many days before its occurrence.

Largely familiar as we have been with the multifarious varieties of intermittent and remittent, we must be permitted to say, that although this condition of the tongue is quite common in these forms of disease, yet it is by no means constant, even in the most strongly marked cases. In these, as elsewhere, the tongue is prone to deceive. It is an occasional, but not a pathognomonic symptom.

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*The American Medical Association.*—There is a vague rumor that the Committee of Arrangements or some others in authority propose to call a meeting of the American Medical Association the ensuing season. We fervently trust no such stupendous folly will find birth at present. The reasons previously existing for non-assemblage of that body are tenfold more powerful now than at any time during the previous two years. The matter is beyond argument. Do the gentlemen of the Committee propose to recognize secession as a *fait accompli*? Or do they propose that the fragment shall assume to be the whole? There is no conceivable reason why the Association should be called together, unless per-

haps to familiarize the professional as well as the public mind with the idea of a divided nation. We repeat we trust no such absurdity as rumor indicates will be perpetrated by the Committee. Let the State and other local societies be fully sustained, but let the national representative body of the profession wait for return of the halcyon times of peace.

*Miscellaneous.*—The Cincinnati *Lancet & Observer* confounds the CHICAGO MEDICAL JOURNAL with a city cotemporary. It says it has not received a number of this journal for two months. Singularly enough, in the same No. of the *Lancet*, is noticed a case reported in this journal the month previous, viz: Dr. Holmead's case of Cæsarean Section. It argues that this journal is delayed in publication in consequence of pecuniary embarrassment. This is by no means the case, and has at no time been. The delay of the Jan. No. was simply on account of sickness of the editor. We issue the JOURNAL during the month named on the title page, not imitating the secular monthlies by anticipating the month. The February No. is delayed one week from the same cause.

Our thanks are due Dr. Wardner for copies of the *Mound City Hospital* regulations.

In a recent case of trial for mal-practice, where it was attempted to show that *paralysis* resulted from *inhalation of Chloroform*, the jury found a verdict for the defendant. Prof. S. D. Gross, in his testimony on cross-examination, said: "Chloroform, like many other agents which a physician is obliged to use, is dangerous; so is laudanum, &c.

*Question.* If improperly used would it not produce paralysis?

*Answer.* No, sir.

*Ques.* Would it be improper to continue the use of chloroform after a patient has resisted its influence for nearly three quarters of an hour?

*Ans.* No, sir; I should continue for five hours, until I accomplished my object; I have taken chloroform myself; a patient who resists, only proves that he has not taken enough."



All of which may perhaps be steadfastly believed; nevertheless it is difficult to understand why this most potent of anæsthetics may not produce local disturbances which may ultimate in paralysis. The patient in this case had been injured some time previous by a fall on the head. This accident probably determined the special effect—paralysis—culminating on the use of chloroform.

Medical Director J. V. Z. BLANEY, with Surgeons STOKER and HUNTINGTON, have been designated as a board to examine into the professional, physical and moral qualifications of such medical officers as the authorities of the Seventh Army Corps, (Department of Virginia,) may direct. We extract from the detailing order:

“While many are discharging their responsible duties in a creditable manner, a few have obtained positions in the army without the proper qualifications. The well-merited reputation of the efficient ought not to be compromised by the incompetent. The welfare of the sick and wounded and the best interests of the service demand that all such should be promptly removed.”

We have it from the best authority, that of the large number who have presented themselves for examination before the Board at Washington for examining candidates for Brigade Surgeons, (now Surgeons of Volunteers), *sixty per cent.* have been rejected. There are now three hundred vacancies in the two grades. We suggest to some of the graduates of Rush Medical College to present themselves before the national board. We have heard it intimated that the Faculty of Rush are willing that their graduates should go before the national examining board, or any other board not committed, shoulder deep, to the interests of some petty rivalry or clique.

Dr. Morton (with a considerable proportion of the alphabet prefixed to the surname) is again before Congress with a petition to be rewarded for introducing anæsthesia in surgical operations to the world.

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*Toxicological.* It is suggested by M. TOSCANI that great

care should be taken whenever salts of iron or mercury are being administered, not to give, contemporaneously, preparations containing hydrocyanic acid, (as for instance essence of bitter almonds,) since dangerous compounds are liable to be generated in such mixtures.

*Tannin* is recommended by PROF. KURZAK in cases of poisoning by *Strychnine*. Twenty or thirty times as much tannin should be exhibited. Vegetable acids and alcoholic drinks are to be avoided, on account of their increasing the solubility of the strychnia precipitated by the tannin.

DR. TSCHEPKE reports a case where a druggist's clerk took between eight and ten grains of Nit. of Strychnia, followed a little later by an addition of ten grs. Half an hour later having experienced no effects, he took ten grs. of Acet. of Morphia dissolved in an ounce of bitter almond water, and then lay down in bed. Ten minutes after he turned a quantity of Chloroform on his pillow to hasten his death. He lost consciousness for a short time, but soon revived, had convulsions several times, and itching of the nose and limbs.

Before taking the poisons, he had eaten freely of a sort of soup composed of cranberries and flour. Probably the tannin of the former partially neutralized the strychnia, whilst the farinaceous matters prevented absorption. The morphia may have proved to some extent antidotal.

Some spontaneous vomiting occurred, which was maintained actively by emetics of Ipecac and Antim. Two days afterwards no trace of the poisoning remained.

PROF. ANDERSON, of Glasgow, enumerates nine well determined substances obtained from Opium: Narcotine, morphine, codeine, papaverine, thebaine, narceine, meconine, meconic acid and theobalactic acid; besides three doubtful—pseudo-morphine, porphyroxine and opianine.

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*Minor Surgery.*—A threatened *furunculus* may be easily aborted by subcutaneous section with a fine knife. But one

In searching for *bullets* lodged deeply in the body or extremities, the ingenious method suggested by M. Nelaton in examining the wound of Garibaldi is worth bearing in mind. A probe was so contrived as to bring away particles of the lead if met. An olive-shaped body made of unpolished china was fixed at the end of a common probe. The least contact of this with the lead left a stain which the fluids present would not obliterate. "With this instrument, Prof. Zanetti became so certain of the presence of the ball in Garibaldi's ankle that he forthwith extracted it."

Good strong *horsehair* is found to serve excellently well where fine *sutures* are required as in operations or wounds about the eyelids or scrotum. They are quite indestructible aperture need be made through the skin. Through this the indurated portion may be thoroughly transfixed and cut across in every direction. Or a second puncture may be made and another complete section of the diseased part made at right angles with the first. After the bleeding has ceased the skin should then be painted with collodion. The operation is almost painless and the cure about certain.

An enlarged *bursa* had best have its contents discharged by a fine trochar and canula, and afterwards be injected with a solution of Iodine in Iod. Pot. and water. Some little caution may be advisable in very large bursæ to avoid inflammation, but rarely is there any considerable local or general disturbance. A single operation generally is sufficient to the cure.

Among the vast number of methods resorted to, to abort threatening *whitlow* or *thecal abscess*, we have found none so uniformly successful as blistering the part with Cerat. Cantharid. The vesicant should extend some considerable distance beyond the point involved in inflammation, The blister alleviates the local pain so remarkably as usually to be very grateful to the patient, and rarely fails to arrest the progress of the disease. The free incision so commonly recommended is always very much dreaded by the patient, and is only occasionally successful in relieving the disease.

and unirritating. They maintain their elasticity better than the fine silver wire, and are more easily removed when wished. They will be found very advantageous in scalp wounds, where it may happen suture is unavoidable. But all sutures about the scalp should be avoided if possible, as they always endanger erysipelas.\*

*Prof. Bedford's Principles of Obstetrics.*—As predicted in our notice of this invaluable work last year, it has speedily passed to its third edition. This is evidence of a practical sort to Prof. Bedford that his *labors* are appreciated by the profession. Both at home and abroad, this book stands, deservedly, at the head of all treatises on the subject. We again commend it to the libraries and perusal of all our readers.

*Diphtheria.*—Dr. ISAAC WINANS recommends in Diphtheria: After evacuating the bowels with some mild laxative, the following course: R—Tinct. Ferri Muriat. ʒij; Acid. Hydrochlor. ʒj; Aq. Destill. ʒss. M. S. Apply to the fauces with a brush or bit of sponge once in six or eight hours until the diphtherions deposit is removed. R—Take of the above mixture ʒj; Aq. Fontan. ʒij. M. L. Take a teaspoonful every two hours. If there is debility, add Sulph. Quinine gr. j every second portion. R—Chlorat. Potash. ʒj; Aq. Font. ʒiv. M. S. Take a teaspoonful every two hours, alternating with the above.

Apply Spirits of Turpentine to the throat externally.

Prof. E. N. CHAPMAN, of the Bellevue College Hospital, ignores about all local treatment in Diphtheria—relying solely upon constitutional measures. Quinine and Brandy are the central means resorted to. We notice also that Dr. MINER, editor of the *Buffalo Journal*, and Surgeon of the hos-

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\* Scalp sutures occasioned the erysipelas, which made the trivial wounds wounds of Senator Sumner, an entering wedge of Secession.

pital in that city, gives it as his opinion that all local applications are useless if not positively injurious. He advises little or no interference, but if indicated, stimulants, food, beef essence, milk punch and support generally, in any available form. Has generally prescribed Dover's Powder and Quinine, but has never been able to see any difference if the quinine is omitted. Prescribes Chlorate of Potash, "mostly from the certainty that, at least, it will do no harm," and that it probably acts on the urinary organs. Chlorinated soda removes the fetor. Dr. Miner remarks that diphtheritic croup often resembles membranous croup so closely that we have no means of differential diagnosis. It often complicates many of the eruptive fevers. In all cases the general plan of treatment remains the same, although the gravity of the disease is greatly augmented.

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*Paracentesis Thoracis.*—Dr. HENRY I. BOWDITCH records the results of twelve years' experience, including 160 operations on 85 persons. He considers paracentesis as comparatively innocuous, if performed with the exploring trocar and suction pump suggested by Dr. Wyman. The difficulties occasionally ensuing are never permanent. Pain, slight dyspnoea, cough, &c., speedily passing away. He tapped one lady nine times in eight and a half months, and one elderly man, a physician, eight times in six weeks. The latter patient begged for repetition of the operation as a positive "luxury." 29 out of 75 of Dr. B.'s patients recovered apparently in consequence of the operation. The operation was performed generally whenever severe symptoms were present. In seven cases he got no fluid, but with no evil result.

He recommends to operate in every case where, whether recent or chronic, there is permanent or occasional dyspnoea of a severe character. And in *any*, even latent, cases where the pleural cavity is full of fluid, and it does not diminish after a reasonable amount of treatment.

The eligible point of operation is at the intersection of a

line let fall from the lower angle of the scapula and the space between the 9th and 10th ribs. But other points may be selected. All the alleged objections to the operation, he remarks, are to him, with his experience, simply absurd. He insists that no physician has any right to allow a patient to die of the pleuritic effusion without first trying this operation. He would now as readily puncture the chest as he would draw a tooth or vaccinate a child.

The students of Rush Medical College will recollect that this practice has been strongly urged upon them (at least since the present writer became connected with the institution), and if they have had any opportunity for experience, must have come to the same conclusion with Dr. Bowditch. With a mere modicum of tact and surgical skill enough to introduce a trocar, or lance an abscess, the operation can be performed, and the patient speedily passed from a condition oftentimes of exquisite suffering to one of comparative comfort.

More than this, if performed early, the dense, false membrane is far less likely to permanently consolidate and contract, rendering the lung incapable of expansion, even after the pressure of the effused fluid is removed. In some of Dr. B.'s cases the membrane formed on the pleura costalis was so dense and firm that the trocar failed to pierce it, but pushed it inward—this would have been avoided by an earlier operation.

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#### ILLINOIS STATE MEDICAL SOCIETY.

The regular annual meeting of the Illinois State Medical Society will be held at Jacksonville, on the first Tuesday in May next, commencing at 10 o'clock in the morning. We hope the profession in every part of the State will be represented, as the meeting will be an important and interesting one. No further postponement will be made on account of the continuance of the rebellion.

N. S. DAVIS,

*Permanent Secretary of the Ill. State Med. Society.*

CHICAGO, Ill., Feb. 13th, 1863.

## ARMY CORRESPONDENCE.

## RAMBLES IN MILITARY HOSPITALS.

By R. M. LACKEY, M.D., Surgeon 98th Reg. Ill. Vol.

Nashville and its institutions have undergone vast changes since the State of Tennessee was plunged into rebellion. The halls of learning are turned into hospital wards, and where the student and young scholar toiled up the hill of Science, sick and wounded soldiers now find a resting place during the period of their affliction. No department of learning now *flourishes* in this once gay, peaceful little city, but the medical department of the University of Nashville, does *barely* maintain an existence; its number of students has dwindled from three to four hundred, or a baker's dozen. The large college building, a fine structure, is used as a military hospital; the Prof. of Surgery, a man well known, and distinguished for his professional attainments, like the large number of students, is not there; like the glory of the city and her institution, he has departed.

Prof. Bowling is still there, and lectures to the baker's dozen, once or twice a week. Several other medical gentlemen of the city lecture to this small class, making in all six lectures during the week, instead of six a day, as is customary.

There are twenty-three military hospitals in Nashville. Some of the buildings occupied as hospitals are tolerably well adapted—better, I think, than those in any other place that I have visited, and the hospitals are generally well conducted; wards are well ventilated, everything clean and well arranged for comfort and convenience.

Large numbers of those wounded at the battle of Stone's River, have been removed to Nashville. There are still large numbers of those most severely wounded, in Murfreesboro, and in hospitals near the battle field. Deaths from secondary hemorrhage, brought on while being transported in ambulances, are quite common. Two cases of this kind occurred in the ward in charge of my friend, Dr. Hanson, Ass't Surg. 42d Reg. Ill. One was a case of flesh wound, by musket ball, of the thigh, severing a branch of the profunda femoris artery. There had been but little hemorrhage from the time the wound was first dressed, until he was placed in an ambu-



laece, to be taken to Nashville; while being transported thirty miles over rough roads, a large quantity of blood was lost. The other case was a wound of a branch of the right carotid. The ball entered at the left angle of the mouth, and came out a little below the mastoid process of the temporal bone, on the opposite side. There was but little hemorrhage, and no unfavorable symptoms occurred while he remained quiet. While on the road to Nashville, hemorrhage occurred as in the other case. Ligature of the external iliac and common carotid arteries was performed on these cases, respectively, after their arrival at the hospital, but the loss of blood before the operation, had been so great that the men never rallied.

The mortality after secondary capital operations is, as is usual, very great. I have not met with a single case of secondary amputation of the thigh that has been successful. In two cases of gunshot wound, involving the knee-joint, where an operation was performed, one died about the 21st day, the other case the man was still living when I last heard from him, but there was little or no hope of his recovery, either with or without the operation.

Tetanus is of common occurrence among those wounded in the late battle. In some instances, it attacks those who have received slight flesh wounds of some portion of the body. I have heard of no cases occurring, since the battle, that have recovered. It is not surprising that the disease is of frequent occurrence, when we reflect that the men are suffering from the two most frightful causes of the disease, viz: Cold and wet, and bodily injuries.

Erysipelas is very troublesome, especially in Murfreesboro, where large numbers of wounded are crowded together.

The use of Bromine as a remedy in Erysipelas, seems, in the estimation of some surgeons, to rob the disease of its terrors, and it is to be hoped that the high expectations of it as a remedy in this disease, will not be disappointed. It has been used in the military hospitals in Louisville, Ky., and it is said, by many intelligent surgeons, with uniform success. Prof. Goldsmith, I am informed, was the man who first introduced it into the hospitals there as a remedy in this disease. The beneficial effects of the remedy are obtained by fumigating the atmosphere of the wards where the disease occurs. It is used also locally,—applied so that the fumes come in contact with the diseased surface. Some Surgeons have used it, by inhalation, as a remedy in diphtheria, and with very satisfactory results. I have not seen the remedy used in a sufficient


number of cases with benefit, to speak so confidently of its efficacy as some do.

The present location of this army is very unfavorable for health. The country for some miles around Murfreesboro is rather level so that some of the camps must necessarily be on flat places; the heavy rains have made ponds and brooks all around, and in the midst of some of the camps. The old tents are not water proof by any means, so that we sometimes get wet from the clouds above and the earth beneath.

Camp Fever prevails to a considerable extent. The new regiments suffer most from it. Pneumonia, with typhoid condition, ranks next in fatality, according to my observation. Diarrhoea prevails to a greater extent here, than it did at this season last year, in the army in Missouri. At no other time during the past eighteen months, have I met with so many cases of "obstinate nostalgia" among soldiers, some of them, when they can not get to their earth-homes, contract disease, by depression of spirits and filthy habits, and eventually go to their long homes.

Camp near Murfreesboro, Tenn., Feb. 2, 1863.

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